



Atty. Dkt. No. 028622-0125

1 FW/ AS
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Horst HEIRLER

Title: USE OF MEDIUM-CHAIN TRIGLYCERIDES (MCT) FOR
OPTIMISATION AS TO NUTRITION PHYSIOLOGY OF THE FATTY
ACID SPECTRUM IN A DIETARY FOODSTUFF FOR DIABETICS

Appl. No.: 10/717,990

Filing Date: 11/21/2003

Examiner: Leslie A. ROYDS

Art Unit: 1614

Confirmation No. 8166

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Final Office Action dated January 15, 2008, and in the Advisory Action dated June 24, 2008, finally rejecting Claims 1, 3-6 and 8-20.

[X] Applicant claims small entity status.

[X] Applicant hereby petitions for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:

07/11/2008 AWONDAF1 00000014 10717990

01 FC:2401
02 FC:2253

255.00 OP
465.00 OP

☒ Notice of Appeal Fee:

☒ To be paid as detailed below

☐ Not required (Fee paid in prior appeal)

The required fees are calculated below:

| | | |
|-------------------------------------|--|------------|
| <input checked="" type="checkbox"/> | Notice of Appeal Fee | \$510.00 |
| <input checked="" type="checkbox"/> | Extension for response filed within the third month: | \$1,050.00 |
| <input checked="" type="checkbox"/> | Extension Already Obtained for first month: | \$120.00 |
| | FEE TOTAL: | \$1,440.00 |
| <input checked="" type="checkbox"/> | Small Entity Fees Apply (subtract ½ of above): | \$720.00 |
| | TOTAL FEE: | \$720.00 |

A credit card payment form in the amount of \$720.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16, 1.17 and 41.20, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date July 10, 2008

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